

**DISCHARGE SUMMARY**

**PATIENT'S NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NUMBER** \_\_\_\_\_

PRESENTING PROBLEMS:

DIAGNOSTIC IMPRESSION:

AXIS I \_\_\_\_\_ / \_\_\_\_\_

AXIS II \_\_\_\_\_ / \_\_\_\_\_

AXIS V – Current GAF: \_\_\_\_\_

Highest GAF past year: \_\_\_\_\_

SUMMARY OF TREATMENT (include medications and goals met)

FINAL DIAGNOSIS: (Please designate which Dx is primary, which secondary)

AXIS I \_\_\_\_\_/\_\_\_\_\_

AXIS II \_\_\_\_\_/\_\_\_\_\_

AXIS III \_\_\_\_\_

AXIS IV \_\_\_\_\_ Psychosocial Stressors: \_\_\_\_\_

Severity: \_\_\_\_\_

AXIS V Current GAF: \_\_\_\_\_

Highest GAF past year \_\_\_\_\_

REASON FOR TERMINATION:

REFERRAL(S)/RECOMMENDATION(S)/CASE MANAGEMENT PLANS:

**SIGNED:** \_\_\_\_\_